STATEMENT OF

RECEIVED

FORM 1		ORGANI	ZATI	ON	1	122 PM 12: 58	
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		ample:If typing, type or the lines.	12FE4M5		
Florida Fre	edom	PAC				<u> </u>	لب
			1111	<u> </u>			لب
ADDRESS (number a	nd street)	8330 Biscay	ne Bl	vd. Suite 1			
(Check if address is changed)		Miami			·FL _I	33138	
			CITY	,	STATE	ZIP CODE	
COMMITTEE'S E-MA	AIL ADDRES	SS (Please provide only o	ne e-mail a	idress)			
☐ (Check if	address	ın/a		11111		, , , , , , , , , , , , , , , , , , , ,	لــــــــــــــــــــــــــــــــــــــ
(Check if address is changed)							لبب
COMMITTEE'S WEE		oress (url)			1 1 1 1	<u> </u>	
is change							لـــا
2. DATE 06	o [™] ′ 22	° ′ 20 12					٠
3. FEC IDENTIFIC	CATION NU	IMBER C	0052	1013			
4. IS THIS STATE	MENT	NEW (N) OF	a [>	AMENDED (A)			
I certify that I have	examined th	is Statement and to the	best of my	knowledge and belief i	it is true, correct	t and complete.	
Type or Print Name	of Treasure	Gihan J. P	erera				
Signature of Treasure	er _				Date Ö	, , , , , , , , , , , , , , , , , , ,	ĭž
NOTE: Submission of		ous, or incomplete informa	-			•	. §437g.
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

FEC For	m 1 (Revised 02/2009)	Page 2				
TYPE OF CO	DMMITTEE					
Candidate	Committee:					
(a)	This committee is a principal campaign committee. (Complete the candidate information below	<i>ı</i> .)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	mplete the candidate				
Name of Candidate						
Candidate Party Affiliation	on Office Sought: House Senate President	State District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Com	mittee:					
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Political Ad	ction Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:				
	Corporation Wo Capital Stock	Labor Organization				
	Membership Organization Trade Association	Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.	o coporanio				
(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Le≘dership PAC. (Identify sponsor on line 6.)					
loint Fund	raising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate					
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political				
Com	mittees Participating in Joint Fundraiser					
1.	FEC ID number C					
2.	FEC ID number C					
3.	FEC ID number C					
4.						

Treasurer

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name Florida Freedom PAC Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Florida New Majority Mailing Address ≀Miami STATE CITY ZIP CODE Connected Organization **Affiliated Committee** Joint Fundraising Representative eadership PAC Sponsor Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. Gihan J. Perera Full Name Mailing Address Miami Title or Position CITY STATE ZIP CODE easurer Telephone number Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Gihan J. Perera of Treasurer Mailing Address Miami CITY ZIP CODE Title or Position

Telephone number

FEC Fo	rm 1 (Revise	d 02/2009)		Page 4
Full Name of Designated Agent	Isaac	M.,Carter		
Mailing Address	S	8330 Biscayne Blvd. Suite 1		
-				
		[M iami	J FL J	[33138 -[
Title or Position Assistant	-	r Telephone	number	
 Banks or Other safety deposit Name of Bank, 	boxes or main Depository, o		nmittee deposits	funds, holds accounts, rents
Mailing Addres	s	6013 Northwest 7th Avenue		
				<u> </u>
		[Miami , , , , , , , , , , , , , , , , , , ,	J ELJ	[33127]
		CITY	STATE	ZIP CODE
Name of Bank	, Depository,	etc.		
			1 1 1 1 1	
Mailing Addres	s			<u> </u>
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED

(3/2005)